

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12966

## CERTIFICATE OF DEATH

47d  
Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

City or town

Worcester  
Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Alonzo. D. Byrd.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white wedowed.

6. (b) Name of husband or wife Mrs. Florence Byrd.

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age .....

years

8. AGE:

Years

Months

Days

If less than one day

76 5 24 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

William T. Byrd.

MOTHER FATHER

12. Name

Virginia

13. Birthplace

Myrtle St. Godwin

14. Maiden name

Virginia

15. Birthplace

Mrs. Ashtor Young

16. Informant

Burial

17. Burial, cremation, or removal

Date thereof Dec 16-1948

(month) (day) (year)

Cemetery or crematory

Shells Shell Baptist

Location

Pocomoke

18. Funeral director

George E. Watson

Address

Pocomoke Md

19. Date rec'd by registrar

Dec 15 1948 Anne E. White

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

W.M.D. Worcester

Rural Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 13 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Consease of Seury

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

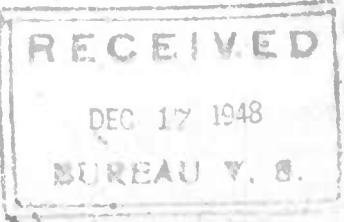
23. SIGNATURE

M. D. or other

Address

O. O. Jackson Jr. D.D.

Date signed Dec 15-48



EVIDENCE FOR ADDITION  
OF DATE OF DEATH, AGE &  
BIRTH DATE IS ON.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12986

FILM NO. G 119 MAR 11 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH.  
COUNTY

Worcester

MARYLAND

CITY (If outside corporate limits, write RURAL and  
give nearest town)  
TOWN Rural Pocomoke

LENGTH OF STAY  
(in this place)

1 yr

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

2. NAME OF  
DECEASED

MANUEL

(First) (Middle)

(Last)

4. DATE  
OF  
DEATH

(Month) (Day) (Year)

(Type or init.)

Male

6. COLOR OR RACE  
Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

yes

CANADA

8. DATE OF BIRTH  
APPROX. 1557 approx 91 yrs.

9. AGE last birthday

If under 1 year  
Months Days Hours

If under 24 hrs.  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF WHAT  
COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION  
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause  
stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No

21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

MD

TIME (Month) (Day) (Year) (Hour)

INJURY

White at  
m. Not White  
Work At work

HOW DID INJURY OCCUR?

OF  
INJURY

m.

DATE SIGNED

at no time during life

19. to 19. that I last saw the deceased

alive on Mar 26 1949 and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

Burial

3/4/49

Shells Hill Cemetery Rural Pocomoke

MD

DATE REC'D BY LOCAL REG.

REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

March 4, 1949

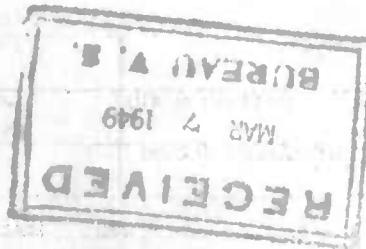
Anne E. White

Henry S. Watson, Pocomoke Ind.

N  
The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12967  
93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County... Worcester

City or town... Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred?

Berlin, Md

How long in hospital or institution? No

## 3. (a) FULL NAME

John W. Fooks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male a a widowed

6. (b) Name of husband or wife

Hester Fooks

deceased

8. (c) If alive, give age .....

years

7. Birth date of

deceased (mo. day, yr.)

1877

8. AGE:

Years

Month

Days

If less than one day

..... hrs. .... min.

9. Birthplace

Berlin, Worcester Co. Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Same as above

MOTHER FATHER

12. Name

Henry Fooks

13. Birthplace

Berlin, Maryland

14. Maiden name

Esther - Fooks

15. Birthplace

Berlin Maryland

16. Informant

Mrs. Lizzie E. Purnell

Address

Berlin, Maryland

17. Burial

Date thereof... 12-22-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Family Cemetery

Location

near Berlin, Md.

18. Funeral director

James F. Stewart

Address

402 E. Church St. Salisbury, Md.

19. 12-22-48

Helen F. Newward

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Worcester

City or town... Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No....

(If rural, give LOCATION)

2.(a) If veteran, name war... No

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-48

19. 6:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/1/48 ..... to 12/18/48 19. to 12/18/48 19.

and that I last saw h m alive on 12/17/48 19.

Immediate cause of death

Chronic myocarditis

DURATION

Due to My peritonitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

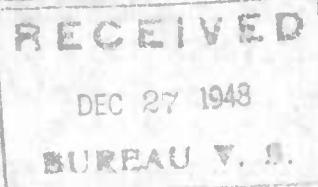
Clifford E. Doherty

M. D. or other

Address

Berlin Md

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12968

## CERTIFICATE OF DEATH

Reg. Dist. No. 357

## 1. PLACE OF DEATH:

County Worcester Co.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital or institution or street address where death occurred:

R.D. #1, Salisbury Md. (Address)

How long in hospital or institution?

## 3. (a) FULL NAME

Reina Estelle Fooks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Michael J. Fooks

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.)

Oct. 15- 1881

8. AGE:

Years 67 Months 1 Days 27 It less than one day hrs. min.

9. Birthplace

Worcester Md.

(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

Lambert Smullen

MOTHER FATHER

Worcester Co. Md.

13. Birthplace

Julia Estelle

14. Maiden name

Lambert V.G. Md.

15. Birthplace

Wm. Michael J. Fooks

16. Informant

R.D. #1, Salisbury Md.

Address

Burial, cremation, or removal. Which? Cemetery or crematory

Date therapy Dec. 14 1948

(month) (day) (year)

Location

Worcester Co. Md.

18. General director

Dollmayr &amp; Co. Walter R. Hollings

Address

Salisbury Md.

19.

12/14/ 1948

LeRoy Smith

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester Co.

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. #1, Salisbury Md (Address)

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 12 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1947 to Dec 12 1948 and that I last saw him alive on Dec 12 1948

Immediate cause of death

Hepatitis Cachexia to brain &amp; bone.

Due to Cachexia of left breast

Duo to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURES John H. Freeman M.D.

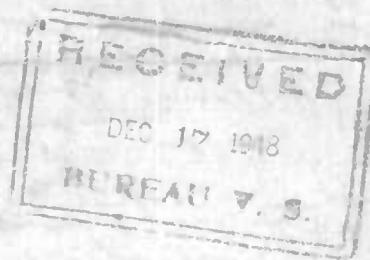
or P. or other

Address 238 Camden St.

Salisbury Md.

(Date signed 12-13-48)

1881-1-27  
11-42  
1948-12-12  
67-10-15-



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12969

## CERTIFICATE OF DEATH

Reg. Dist. No.

3.55

## 1. PLACE OF DEATH:

County

Worcester

City or town

Rural - Ocean City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

16 years

Hospital, institution, or street address where death occurred:

West Ocean City Blvd.

How long in hospital or institution?

## 3. (a) FULL NAME

Minus Parker Gray

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

June 12, 1864

8. AGE:

Years  
84Months  
6Days  
13

If less than one day

hrs.

min.

9. Birthplace

Berlin, Wor Co., Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

General construction

MOTHER FATHER

12. Name

Harry Gray

13. Birthplace

Berlin, Md.

14. Maiden name

Nancy Watt

15. Birthplace

Berlin, Md.

16. Informant

Laura Eitel

Address

Berlin, Md. R.F.D. 2<sup>#</sup>

17. Burial

(Burial, cremation, or removal, which?)

Date thereof  
(month) (day) (year)  
12/28/48

Methodist Cem.

Cemetery or crematory

Snow Hill, Md.

Location

18. Funeral director

Dame A. Brubage

Address

Berlin, Md.

19. 12-28-

1948

(Date rec'd by registrar)

Helen F. Hayward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Worcester

City or town Rural - Ocean City

(If outside city or town limits, write RURAL and give nearest town)

Street No. West Ocean City Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

25 Dec

1948

at 7:10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 Dec

1948

to 25 Dec

1948

and that I last saw him alive on

25 Dec

1948

Immediate cause of death

Coronary Occlusion

DURATION

72 hours

Due to Coronary Sclerosis

24 hr ±

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Nathaniel F. Thomas  
RFD #2 Berlin, Md.

Date signed

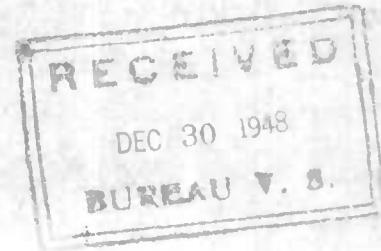
26 Dec 48

MARGIN RESERVED FOR BINDING

I PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

VS-A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12970

## CERTIFICATE OF DEATH

Reg. Distr. No. 355

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Waukesha  
 County 204 7th 4th St. Ocean City  
 City or town If outside city or town limits, write RURAL and give nearest town

How long in above place of death? 1 year  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Edwin H. Hayman M.D.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Rosa M. Hayman

7. Birth date of deceased (mo., day, yr.) April 15 - 1865 8. (c) If alive, give age 70 years

8. AGE: Years 7 Months 5 Days 5 If less than one day

9. Birthplace Pittsville, Wisconsin, MD (Town, county, and state)

10. Usual occupation Retired Physician

11. Industry or business Joseph Hayman

12. Name Joseph Hayman

13. Birthplace Maryland

14. Maiden name Blanca Parsons

15. Birthplace Maryland

16. Informant Mrs. Rosa M. Hayman

Address 204 7th 4th St. Ocean City, MD

17. Date thereof Dec 27 48 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Methodist

Location Hulland, Ohio

18. Funeral director Clay S. Dennis

Address Snow Hill, MD

19. 12 - 24 1948 Helen F. Hayward (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Ohio County Franklin

City or town Hulland (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (b) Social Security Number None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to...  
 and that I last saw him alive on Dec 22.

Immediate cause of death: Coronary Disease

DURATION 10 days

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations: \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

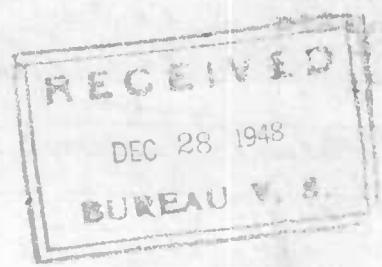
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. E. Astorino Sr. Deputy medical Examiner or other

Address Montgomery City, MD Date signed 12/24/48



PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12971

## CERTIFICATE OF DEATH

131a  
Reg. Dist. No.

357

## 1. PLACE OF DEATH:

County

Worcester

City or town

Newark, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

50 years

Hospital, Institution, or street address where death occurred:

Mill Street

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLOTTE ELLEN JACKSON

4. Sex

F

5. Color or race

White widowed

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

John H Timmons

7. Birth date of deceased (mo., day, yr.)

Jan. 28, 1857

6. (c) If alive, give age years

8. AGE: Years

91

Months

11

Days

14

If less than one day

hrs.

min.

9. Birthplace

Newark Wor. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

George Jackson

MOTHER FATHER

Newark, Md.

12. Name

13. Birthplace

C. Richardson Jackson

14. Maiden name

Newark Md.

15. Birthplace

Mrs Lotta Bradford

16. Informant

Ocean City, Md.

Address

Burial

Date thereof 12/17/48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Evergreen Cem.

Location

Berlin, Md.

18. Funeral director

Dame D. Burrows

Address

Berlin Md

19. (Date rec'd by registrar)

12/16 1948

L. Day Smith

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Worcester

City or town Newark

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mill Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 17, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1948 to Dec 14 1948

and that I last saw her alive on Dec 14 1948

Immediate cause of death Myocarditis

Chronic

Due to My peritonitis

Due to Chronic Det. Nep.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

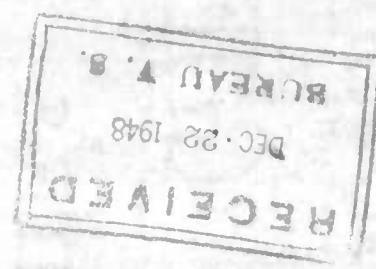
23. SIGNATURE

Clifford E. Oslett

M. D. or other

Address Berlin, Md.

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

12972

350

## 1. PLACE OF DEATH:

County

City or town

Worster  
Pocomoke City, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

(If outside city or town limits, write RURAL and give nearest town)

(If outside city or town limits, write RURAL and give nearest town)

(If outside city or town limits, write RURAL and give nearest town)

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Tobias Jackson, Jr.

4. Sex

Male

5. Color or race

Single

6.(a) Single, married, widowed, or divorced

6. (b) Name of husband or wife..

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age .....

years

June 12, 1931

8. AGE:

Years  
17Months  
6Days  
0

If less than one day

hrs. .... min.

9. Birthplace

Ensley, Alabama

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

MOTHER FATHER

12. Name

Tobias Jackson, Jr.

Washington, Ida.

Pearl Carter

Bullock County, Ala.

Tobias Jackson, Jr.

805 Ave H. B'ham 8, Ala.

Burial Removal Dec 24, 1948

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory

Roberts Cemetery

(Next City) B'ham, Ala.

Howard A. Gill

Address

Pocomoke City, Md.

Dec 24, 1948

Anne E. White

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Alabama County Jefferson

City or town Birmingham

(If outside city or town limits, write RURAL and give nearest town)

Street No. 805 Ave H.

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (b) Social Security Number

424-32-8628

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 12th 48 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h... on December 12th 1948

Immediate cause of death

DURATION

Due to

Complagations

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

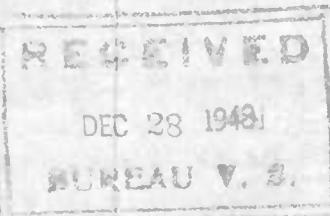
Means of injury

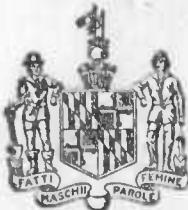
Injured at work?

23. SIGNATURE

W. L. Jackson, Sr. M.D.

Pocomoke City, Md. Date signed 12/24/48





State of Maryland

# Department of Health

TWENTY-THIRD SANITARY DISTRICT  
WORCESTER COUNTY

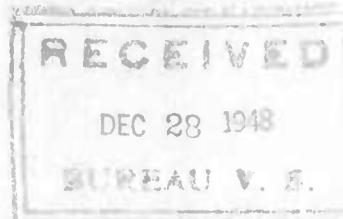
DEPUTY STATE HEALTH OFFICER  
AND COUNTY HEALTH OFFICER  
FREDERICK S. WAESCHE, M.D.

STATE BOARD OF HEALTH

THOMAS S. CULLEN, M. D.  
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POCOMOKE CITY, MD.

December 27, 1948



Dr. A. W. Hedrich,  
Chief, Bureau of Vital Statistics,  
Maryland State Department of Health,  
2411 N. Charles Street,  
Baltimore - 18, Md.

Dear Doctor Hedrich:

The attached certificate of death for Tobie Jackson, Jr., who was burned to death on December 12th, was delivered to me on the afternoon of December 24th at the Episcopal Church, where I was engaged in a rehearsal of music for a midnight service on Christmas Eve. Inasmuch as Mr. Gill stated that he was shipping the body to Alabama on the afternoon train, it was necessary that I leave the Church and come to the office to issue the permit.

However, in the rush of events over the week-end, I did not get to copy the certificate, which accounts for the delay in forwarding.

The Undertaker was contacted regarding the date of burial, which information he was unable to give.

Very truly yours,

*Anne E. White*  
Anne E. White,  
Acting Registrar.

Encl.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12973

## CERTIFICATE OF DEATH

Reg. Dist. No. 3574

## 1. PLACE OF DEATH:

County

Worchester  
Stockton

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Etta Mae Jacobs

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 10, 1930

6.(c) If alive, give age years

8. AGE:

Years 18

Months 10

Days 9

If less than one day

hrs.      min.

9. Birthplace

Stockton, Md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Aaron Jacobs

Stockton, Md

13. Birthplace

Bernice Wernette

Stockton, Md

14. Maiden name

Bernice Wernette

Stockton, Md

15. Birthplace

Bernice Jacobs

Stockton, Md

16. Informant

Address

Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Funeral director

Address

Date thereof

(month) (day) (year)

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

12-19-48

12-19-48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Stockton

Worchester

Maryland

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 19, 1948, at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 18, 1948, to Dec. 19, 1948,

and that I last saw her alive on Dec. 18, 1948.

Immediate cause of death

Acute Pulmonary Edema

DURATION

Rheumatic Heart Disease 1 day

2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

12-19-48

12-19-48

RECEIVED

DEC 27 1948

BUREAU F. B.

## EVIDENCE FOR ADDITION MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 110 JAN 25 1949 CERTIFICATE OF DEATH

12974

351

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

Worcester  
Snow Hill - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Hattie Melissa Johnson

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White widowed

Jerome W. Johnson

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 31, 1868

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Berlin Wor. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Ara Burton

13. Birthplace Md.

14. Maiden name Mahala Brittingham

15. Birthplace Md

16. Informant Mrs. Raymond Pruitt

Address Berlin, Md. R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 5, 1948  
(month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Berlin Md.

18. Funeral director

Doris A. Burroughs

Address Berlin Md.

19. (Date rec'd by registrar)

1948 LeRoy Smith

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Worcester

City or town

Rural - Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Newark-Snow Hill Highway, Snow Hill, R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 2

1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1945 to Dec. 2, 1948  
and that I last saw her alive on Dec. 1, 1948.

Immediate cause of death

Acute Pulmonary Edema

DURATION

24 hr.

Due to Hypertension Cardiac insufficiency

Renal Disease

5 yrs.

Due to

Other conditions Diabetes Mellitus

decubitus ulcer

decalcification (Include pregnancy within 3 months of death)

Major findings of operations Fracture Right hip

Date of op. Aug 10, 1948.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of Aug 10, 1948

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Opened a door, the dog rustled me, Mrs. Johnson fell onto the dog and broke her right femur

Injured at work?

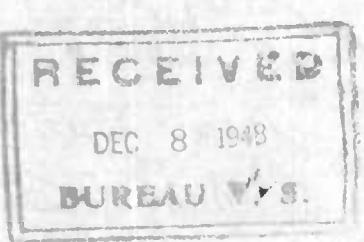
23. SIGNATURE

Robert L. La Mar, M.D.

M.D. or other

Address

Date signed 12/4/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12975

## CERTIFICATE OF DEATH

353

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

Worcester  
Bishop, Md. R.D. #2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Raymond Johnson  
Male colored Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Aug. 30, 1932

8. AGE: Years Months Days If less than one day

16 3 13 hrs. min.

9. Birthplace (Town, County, and state)

Showell Worcester, Md.

10. Usual occupation

11. Industry or business

12. Name William Jones

13. Birthplace Md.

14. Maiden name Essie Johnson

15. Birthplace Md.

16. Informant Essie Johnson

Address Bishop, Md. R.D.

17. Burial Date thereof 12-17-48

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin, Md.

18. Funeral director Seymour Watson

Address Poocomoke City, Md.

19. 12/14 1948

(Date rec'd by registrar) Mrs. Roy Breyer Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 13 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1948 to Dec. 13 1948 and that I last saw him alive on Dec. 1-48.

Immediate cause of death

Muscular Dystrophy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

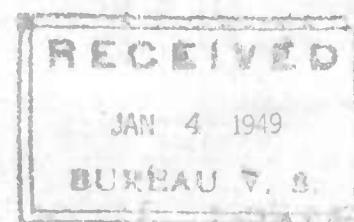
Means of injury

Injured at work?

23. SIGNATURE

Clifford E. Schatz M. D. *orthopaedic*

Address Berlin, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12976

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

City or town

Worcester

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Columbus W. Maddox Sr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

B. (b) Name of husband or wife Anna Belle Maddox

7. Birth date of deceased (mo., day, yr.)

August 12 - 1887

6. (c) If alive, give age

57 years

8. AGE: Years Months Days If less than one day

61 4 6 hrs. min.

9. Birthplace Pocomoke Worcester Md.

(Town, county, and state)

10. Usual occupation.

Cleaning &amp; Dressing

11. Industry or business Samuel J. Maddox

12. Name

13. Birthplace Md.

14. Maiden name Blencinda Lankford

15. Birthplace Md.

16. Informant Mr. Columbus W. Maddox Jr.

Address Pocomoke Md.

17. Burial Date thereof Dec 21-1948

(Burial, cremation, or removal. Which?)

Halls Hill Baptist Cem

Cemetery or crematory

Location Pocomoke Md.

18. Funeral director Henry Allanson

Address Pocomoke Md.

19. Date rec'd by registrar Dec 20, 1948

(Date rec'd by registrar)

Anne E. White

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Worcester

County

Pocomoke

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1948 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1948 to Dec. 18 1948

and that I last saw him alive on Dec. 18 1948

Immediate cause of death Pulmonary Tuberculosis

Cardiac

DURATION 15 yrs

3 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis G. Lewellyn, M.D.

M. D. or other

Address Pocomoke City Date signed 12/20/48

RECEIVED

DEC 23 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12977

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

Dorchester

City or town

Rural #2 Pocomoke Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Woodward S. Merrill

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White married

Sally S. Merrill

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 60 years

8. AGE:

Years

Months

Days

If less than one day

66

9

3

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Major R. Merrill

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date

20. M. D. of other

21. Address

22. Date signed

23. Signature

24. Address

25. Date of other

26. Address

27. Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Worcester

City or town

Pocomoke Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Rural #2

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 20 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 19th 1948 Dec 20 1948

and that I last saw him alive on Dec 20th 1948

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place, (where?)

Means of injury

Injured at work?

23. SIGNATURE

T. Sartoris MD

M. D. or other

Address

Date signed

RECEIVED

DEC 27 1948

BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12878

## CERTIFICATE OF DEATH

Reg. Dist. No. 353

M

## 1. PLACE OF DEATH:

County

City or town

Worcester  
Bishop's

+ 5 yrs

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joshua A. Morris

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife

Catherine Morris

7. Birth date of deceased (mo., day, yr.)

6. (b) If alive, give age years

Sept 13, 1870

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Md.

10. Usual occupation

Former

11. Industry or business

Forming

12. Name

Jackson Morris

13. Birthplace

Md.

14. Maiden name

Gertrude Hudson

15. Birthplace

Md.

16. Informant

Alice Morris

Address

Selbyville, Del.

17. Burial

Buried

(Burial, cremation, or removal, which?)

Cremated

Date thereof

Jan 3, 1949

(month)

(day)

(year)

Cemetery or crematory

O.O.O.F.

Location

Bishop's

Md.

18. Funeral director

M. Parks Statean

Address

Selbyville, Del.

19. Date rec'd by registrar

1/3 1949 Mrs. Roy Burgey

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Bishop

(If outside city or town limits, write RURAL and give nearest town)

Street No. P.T.U.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 31 1948 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1, 1948 to Dec 31, 1948

and that I last saw h.m. alive on Dec 31 (11 A.M.) 1948

Immediate cause of death Uremia

DURATION

24 hrs

Due to Cerebral Embolus

3 days

Due to Arteriosclerotic Heart Disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

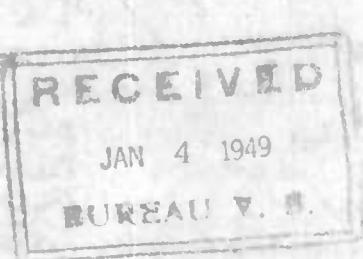
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 516 Hill St., T.A. Date signed Jan, 1949



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462  
12979

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

City or town

Worcester

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 month

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Alberta Payne

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

March 11-1878

8. AGE: Years

Months

Days

If less than one day

70

8

26

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation.

Housewife

11. Industry or business

Ebe Collins

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof Dec 9, 1948  
(month) (day) (year)

Cemetery or crematory

Roxbury M.C. Cemetery

Location

Rural Pocomoke Md.

18. Funeral director

Address

19. Date rec'd by registrar

19

(Date rec'd by registrar)

Anne E. Miller

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Worcester

City or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 7, 1948, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

14 July 1947 to 1 December 1948

and that I last saw her alive on 2 December 1948

Immediate cause of death Occlusion of Colon due to

Causimova of Colon at the Hepatic flexure

DURATION

Due to

Due to

Other conditions Severe Anemia secondary  
to the carriage of the Colon  
(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Norman E. Santorus, Jr.

M. D. or other

Address Pocomoke, Md.

Date signed Dec. 1948.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94-2  
12980

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

City or town

R.F.D. Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

31 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

Katherine Viola Schramm

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age

70 years

August 3 - 1873

8. AGE:

Years

Months

Days

If less than one day

75

4

16

hrs.

min.

9. Birthplace

Berlin Germany

(Town, county, and state)

10. Usual occupation.

iron smith

11. Industry or business

Mechanic

MOTHER FATHER

12. Name

Joseph Schramm

13. Birthplace

Germany

14. Maiden name

Anna Unknown

15. Birthplace

Germany

16. Informant

Mrs. Viola Schramm

Address

R.F.D. Pocomoke Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec 22, 1948

(month) (day) (year)

Cemetery or crematory

Athen M. C. Cemetery

Location

Pocomoke Md.

18. Funeral director

Henry Allerton

Address

Pocomoke Md.

19. Date rec'd by registrar

Dec 22, 1948 Anne E. White

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County Worcester

City or town

R.F.D.

Pocomoke Md.

Street No.

-

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 1948

Mar 5th 1946

Dec 1948

and that I last saw h

alive on Dec 17th

1948

DURATION

Immediate cause of death

Due to degenerative factors

Due to Hypertension

Other conditions

C Rheumatism

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED  
DEC 27 1948  
BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12981

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County

Worcester

City or town

Pocomoke City, Md.

(If outside city or town limits, write MUNICIPAL and give nearest town)

How long in above place of death?

all life

Hospital, institution, or street address where death occurred:

Home

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Elizabeth Selby

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Negro

widowed

Frank Selby

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 24, 1880

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

68 2 23

9. Birthplace

Pocomoke City, Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

John Carr

12. Name

Pocomoke City, Md.

13. Birthplace

Sarah Birmingham

14. Maiden name

Pocomoke, Md.

15. Birthplace

Vesta King

16. Informant

Pocomoke City, Md.

Address

Burial

Date thereof 12/24/48  
(month) (day) (year)

Cemetery or crematory

St. James

Location

Pocomoke, Md.

18. Funeral director

D. Parker P. Clegg

Address

Salisbury, Md.

19. Date rec'd by registrar

Dec. 23, 1948

Anne E. White

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke (Residence)

Street No. Pocomoke, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 21, 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to Dec 21, 1948  
and that I last saw her alive on Dec 21, 1948

Immediate cause of death

Chronic Myocarditis 12/21

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

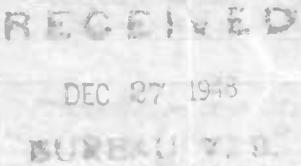
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12982

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County

Worcester

City or town

Rural - Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

40 years

Hospital, Institution, or street address where death occurred:

Rt. 113 #

How long in hospital or institution?

## 3. (a) FULL NAME

Sewell A. Warren

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

widowed

## 6. (b) Name of husband or wife

Martha J. Warren

## 7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age — years

Sept. 24, 1866

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Berlin Wor. Co. Md.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

MOTHER FATHER

## 12. Name

Albert Warren

## 13. Birthplace

Berlin, Md.

## 14. Maiden name

Mary E. Rayne

## 15. Birthplace

Powellsburg, Md.

## 16. Informant

J. E. Warren

## Address

Berlin, Md. R.F.D.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/21/48

(month) (day) (year)

## Cemetery or crematory

Evergreen Cem.

## Location

Berlin, Md.

## 18. Funeral director

Dona R. Burbridge

## Address

Berlin, Md.

## 19. Date rec'd by registrar

12-21-48

Helen F. Hayward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Worcester

City or town

Rural - Berlin,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Berlin - Newark Rt. 113 #

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec. 18,

1948

at 7 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on Dec. 18

1948

## Immediate cause of death

Chr. Nephritis

Due to

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

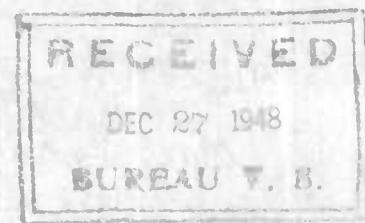
## 23. SIGNATURE

Chas. R. Law MD

M. D. or other

Address

Berlin, Md. Date signed 12-20-48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932  
12983

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County.

Worcester

City or town.

Rural - Berlin, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

34 years

Hospital, Institution, or street address where death occurred:

R.F.D. 1#

How long in hospital or institution?

—

## 3. (a) FULL NAME

John Henry Widgeon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Lucy May Widgeon

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

Oct. 4, 1874

8. AGE: Years

74

Months

2

Days

8

If less than one day

hrs.

min.

9. Birthplace

Showell, Wor. Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

John H. Widgeon

13. Birthplace

Showell, Md.

14. Maiden name

Cathern M. Widgeon

15. Birthplace

Showell, Md.

16. Informant

Mrs. Lucy M. Widgeon

Address

Berlin, Md. R.F.D. 1#

17. Burial

Date thereof 12/14/1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Evergreen Cem.

Location

Berlin, Md.

18. Funeral director

Rhona S. Burleigh

Address

Berlin, Md.

19. 12-14

1948 Helen S. Hayward

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Worcester

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.F.D. 1#

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 12, 1948, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1,

1948, to Dec. 12, 1948

and that I last saw him alive on 12-8-48 1948

Immediate cause of death chronic myocarditis

Due to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Oldford E. Osbott

M. D. or other

Address

Berlin

Date signed

